

SAMPLE EVALUATION REPORT: PRESENT LEVELS OF SPEECH-LANGUAGE

Name: _____ Medicaid #: _____

Speech Therapist: _____ Test Date(s): _____

Type: ☐ Initial Evaluation* ☐ Annual Assessment / Medicaid Reevaluation ☐ Three-Year Reevaluation/Plan*☐ Special Review / Special ReevaluationPrimary Mode of Communication: ☐ Verbal ☐ Other: _____

3-Year Reevaluation Date: _____

HEARING BY: _____ DATE: _____

RESULTS:

COMMENTS:

1000 Hz @ 20 dB

2000 Hz @ 20 dB

4000 Hz @ 20 or 25 dB

RIGHT EAR☐ Pass ☐ Fail☐ Pass ☐ Fail☐ Pass ☐ FailLEFT EAR☐ Pass ☐ Fail☐ Pass ☐ Fail☐ Pass ☐ Fail**ORAL PERIPHERAL**

TEST(S) ADMINISTERED:

INTERPRETATION:

COMMENTS: _____

☐ Oral Peripheral Exam

STRUCTURE:

FUNCTION:

☐ Other: _____☐ Normal☐ Normal☐ Deviant: _____☐ Deviant: _____**VOICE**

TEST(S) ADMINISTERED:

INTERPRETATION:

COMMENTS: _____

☐ Speech Sample Analysis☐ Normal☐ Other: _____☐ Deviant: _____**FLUENCY**

TEST(S) ADMINISTERED:

SCORE(S):

INTERPRETATION:

TYPES OF DISFLUENCIES:

COMMENTS: _____

☐ Speech Sample Analysis☐ N/A☐ Normal☐ N/A☐ Prolongations☐ Other: _____☐ Other: _____☐ Disfluent: _____☐ Whole/Part-Word Repetitions☐ Struggle**ARTICULATION**TEST(S) ADMINISTEREDSCORE(S)/RESULTS

Conversational Speech Intelligibility Rating:

MISARTICULATIONS/PHONOLOGICAL DEVIATIONS: _____

☐ Good ☐ Fair ☐ PoorINTERPRETATION: ☐ Age-Appropriate Articulation☐ Delayed/Deviant Articulation

COMMENTS: _____

LANGUAGETEST(S) ADMINISTEREDSCORE(S)/RESULTS/OBSERVATIONS

INTERPRETATION: ☐ Age-Appropriate Language☐ Delayed/Deviant Language

COMMENTS: _____

SUMMARY OF ACADEMIC AND FUNCTIONAL STRENGTHS AND NEEDS

STRENGTHS: _____

WEAKNESSES: _____

RECOMMENDATIONS: _____

Speech Therapist Signature: _____ Title: _____ Date: _____

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